December 2022

Notification that nominee is a competent person

About this form

Under section 180 of the Work Health and Safety (Mines and Petroleum Sites) Regulation 2022, the NSW Resources Regulator may exempt a person, or class of persons, from any provision of the Regulation.

Details of mine operator making the notification

|  |  |  |  |
| --- | --- | --- | --- |
| Full name of mine operator | | | |
| Name |  | | |
| This is an individual and is at least 18 years old. | | |
| ACN if a company |  | | |
| Email address |  | | |
| Postal address |  | | |
| Suburb |  | Postcode |  |
| Business address (if different) |  | | |
| Suburb |  | Postcode |  |

Details of the mine

|  |  |
| --- | --- |
| **Contact details** | |
| Name of mine |  |
| Site address |  |

Details of the mining operations taking place at the mine

|  |  |
| --- | --- |
| **Mining operations** | |
| Date of commencement of mining operations at the mine as reported to the regulator (via the Notification of reportable events form) |  |
| Provide details of the mining operations taking place at the mine (include the complexity of the mining operations at the mine and the nature of the material mined). |  |

Details of nominee to be the competent person in the absence of a qualified quarry manager

|  |  |  |  |
| --- | --- | --- | --- |
| Nominee details | | | |
| First name |  | | |
| Last name |  | | |
| Salutation | Mr  Mrs Ms Miss Dr  Other | | |
| Email address |  | | |
| Telephone |  | Mobile |  |

Period of nominee supervision

|  |  |
| --- | --- |
| **Nominee supervision** | |
| Date the nominee commences supervising the mining operations at the mine |  |
| Date the nominee ceases to supervise the mining operations at the mine |  |

Evidence that nominee is a competent person

Provide evidence to demonstrate that the individual nominated to be a quarry manager at the mine is a competent person. Please attach any supporting or additional material.

Period of service at the specific mine or in a similar mine

|  |
| --- |
| State the period of service at the mine or in a similar mine, including start and end dates. If the service was carried out in a similar mine, briefly explain how the mines are similar |
|  |

Relevant qualifications

List relevant qualification(s) held by the nominee

|  |  |  |
| --- | --- | --- |
| **Qualification** | Institution/training organisation | Date of issue |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Relevant training completed

|  |  |  |
| --- | --- | --- |
| **Course** | Institution/training organisation | Date of issue |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Relevant skills and knowledge

|  |
| --- |
| Additional details |
|  |

Relevant experience

|  |  |  |
| --- | --- | --- |
| **Dates** | Name of mining operation | Details including tasks |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Declaration

I declare that:

* I have authority from the mine operator to complete and submit this form on their behalf, and
* to the best of my knowledge, the information provided in this form, and any attachment to this form, is true and correct in every detail,
* I consent to the NSW Resources Regulator making enquiries and exchanging information with parties mentioned in this notification to verify the accuracy of the information.

**Note:** Giving false or misleading information is a serious offence under section 268 of *the Work Health and Safety Act 2011*, and Part 5A of the *Crimes Act 1900*.

|  |  |
| --- | --- |
| Declaration | |
| Name |  |
| Position/title |  |
| Email address |  |
| Signature |  |
| Date |  |

Submitting the form

Email this form to cau@regional.nsw.gov.au

Mail: Central Assessment Unit, NSW Resources Regulator, PO Box 344, HRMC, 2310. This form may not be submitted to other offices of Regional NSW.

|  |  |  |
| --- | --- | --- |
| Office use only | | |
| Entered by |  | Date |
| Checked by |  | Date |

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